

New for 2023 - Cash benefits that you can use however you wish!

Cancer Insurance from Allstate Benefits helps protect your finances if you or an eligible family member is diagnosed with cancer or a covered disease.

During Cumberland County Schools 2023 open enrollment, you have the chance to elect affordable and valuable Cancer Insurance coverage to help you and your family cover the expenses associated with a cancer or specified disease diagnosis.

And because this coverage is from Allstate Benefits, you'll know that you are getting protection with the Good Hands® promise that millions of families in North America know and trust.

Cancer Insurance features:

- Affordable rates only available through your employer
- Works alongside your major medical coverage to help close gaps in coverage
- Cash benefits are paid directly to you, and you can use them however you want
- Individual or Family coverage available
- Convenient payroll deduction
- You can take your coverage with you if you ever leave your employer

Don't miss out – you can only elect this valuable coverage during the Cumberland County Schools open enrollment or if you experience a Qualifying Life Event, such as marriage or the birth of a child.

Schedule your enrollment

Cumberland County Schools 2023 open enrollment is September 15 through November 15, 2022.

To schedule your enrollment or to talk to an enrollment representative to learn more, visit https://OFIScheduling.as.me.

Cancer Insurance from Allstate Benefits helps you live your life well protected.

Learn more about your Cancer Insurance coverage and benefits at https://allstatevoluntary.com/ccs/.

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You have three plans to choose from. Please review the full benefit and rate information on brochure form ABJ37894X at https://allstatevoluntary.com/ccs/.

BENEFIT AMOUNTS

HOSPITAL CONFINEMENT AND RELATED BENEFITS	PLAN 1	PLAN 2	PLAN 3
Continuous Hospital Confinement (daily)	\$100	\$100	\$100
Government or Charity Hospital (daily)	\$100	\$100	\$100
Private Duty Nursing Services (daily)	\$100	\$100	\$100
Extended Care Facility (daily)	\$100	\$100	\$100
At Home Nursing (daily)	\$100	\$100	\$100
Hospice Care Center (daily) or Hospice Care Team (per visit)	\$100 \$100	\$100 \$100	\$100 \$100
RADIATION/CHEMOTHERAPY/RELATED BENEFITS	PLAN 1	PLAN 2	PLAN 3
Radiation/Chemotherapy for Cancer ¹ (every 12 months)	\$7,500	\$10,000	\$15,000
Blood, Plasma, and Platelets¹ (every 12 months)	\$7,500	\$10,000	\$15,000
Hematological Drugs¹ (every 12 months)	\$150	\$200	\$300
Medical Imaging¹ (every 12 months)	\$375	\$500	\$750
SURGERY AND RELATED BENEFITS	PLAN 1	PLAN 2	PLAN 3
Surgery ²	\$1,500	\$3,000	\$4,500
Anesthesia (% of surgery benefit)	25%	25%	25%
Bone Marrow or Stem Cell Transplant (once/year) 1. Autologous 2. Non-autologous (cancer or specified disease treatment) 3. Non-autologous (Leukemia)	1. \$500 2. \$1,250 3. \$2,500	1. \$1,000 2. \$2,500 3. \$5,000	1. \$1,500 2. \$3,750 3. \$7,500
Ambulatory Surgical Center (daily)	\$250	\$500	\$750
Second Opinion	\$200	\$400	\$600
MISCELLANEOUS BENEFITS	PLAN 1	PLAN 2	PLAN 3
Inpatient Drugs and Medicine (daily)	\$25	\$25	\$25
Physician's Attendance (daily)	\$50	\$50	\$50
Ambulance (per confinement)	\$100	\$100	\$100
Non-Local Transportation ¹ (coach fare or amount shown per mile*)	\$0.40/mi	\$0.40/mi	\$0.40/mi
Outpatient Lodging (daily; limit \$2,000/12 mo. period)	\$50	\$50	\$50
Family Member Lodging (daily per trip; max. 60 days) and Transportation (coach fare or amount shown per mile**)	\$50 \$0.40/mi	\$50 \$0.40/mi	\$50 \$0.40/mi
Physical or Speech Therapy (daily)	\$50	\$50	\$50
New or Experimental Treatment ³ (every 12 months)	\$5,000	\$5,000	\$5,000
Prosthesis³ (per amputation)	\$2,000	\$2,000	\$2,000
Hair Prosthesis (every 2 years)	\$25	\$25	\$25
Nonsurgical External Breast Prosthesis ¹	\$50	\$50	\$50
Anti-Nausea Benefit¹ (once per calendar year)	\$200	\$200	\$200
Waiver of Premium (employee only)	Yes	Yes	Yes
ADDITIONAL BENEFITS	PLAN 1	PLAN 2	PLAN 3
Cancer Initial Diagnosis (one-time benefit)	\$3,000	\$10,000	\$10,000
Wellness Benefit	\$100	\$100	\$100

Pays actual cost up to amount listed. ²Pays actual charges up to amount listed in certificate Schedule of Surgical Procedures. Amount paid depends on surgery. ³Pays actual charges up to amount listed. *At least 70 miles away, up to 700 miles. **Transportation up to 700 miles per continuous hospital confinement.



This material is valid as long as information remains current, but in no event later than August 1, 2025. Group Cancer benefits are provided under policy form GVCP3 or state variations thereof, and are underwritten by American Heritage Life Insurance Company, Home Office, Jacksonville, FL. For costs and complete details, including availability, variations by state, exclusions, and limitations, you may contact your Allstate Benefits Representative. Allstate Benefits is the marketing name used by American Heritage Life Insurance Company, a subsidiary of The Allstate Corporation. ©2022 Allstate Insurance Company. www.allstate.com or allstatebenefits.com

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